

FORM 1 VOLUNTARY PETITION

United States Bankruptcy Court		VOLUNTARY PETITION	
District of			
IN RE (Name of debtor. If individual, enter Last, First, Middle) Pedro PEREZ		NAME OF JOINT DEBTOR (Spouse) (Last, First, Middle)	
ALL OTHER NAMES used by debtor in the last 6 years (include married, maiden and trade names) none		ALL OTHER NAMES used by the joint debtor in the last 6 years (include married, maiden and trade names.)	
SOC. SEC./TAX I.D. NO. (If more than one, state all) 146-46-3176		SOC. SEC./TAX I.D. NO. (If more than one, state all)	
STREET ADDRESS OF DEBTOR (No. and street, city, state, zip) 35 Lexington Street Newark, NJ 07105		STREET ADDRESS OF JOINT DEBTOR (No. and street, city, state, zip)	
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS		COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS	
MAILING ADDRESS OF DEBTOR (If different from street address)		MAILING ADDRESS OF JOINT DEBTOR (If different from street address)	
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from addresses listed above)		Debtor has been domiciled or has had a residence, principal place of business or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner or partnership pending in this District.	

INFORMATION REGARDING DEBTOR (Check applicable boxes)

<p>TYPE OF DEBTOR</p> <p><input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporation Publicly Held</p> <p><input type="checkbox"/> Joint (H&W) <input type="checkbox"/> Corporation Not Publicly Held</p> <p><input type="checkbox"/> Partnership <input type="checkbox"/> Municipality</p> <p><input type="checkbox"/> Other</p> <p>NATURE OF DEBT</p> <p><input type="checkbox"/> Non-Business Consumer <input type="checkbox"/> Business - Complete A&B below</p> <p>A. TYPE OF BUSINESS (check one box)</p> <p><input type="checkbox"/> Farming <input type="checkbox"/> Transportation <input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Professional <input type="checkbox"/> Manufacturing/ <input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Retail/Wholesale <input type="checkbox"/> Mining <input type="checkbox"/> Real Estate</p> <p><input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Other Business</p> <p>B. BRIEFLY DESCRIBE NATURE OF BUSINESS</p>	<p>CHAPTER OR SECTION OF BANKRUPTCY CODE UNDER WHICH THE PETITION IS FILED (Check one box)</p> <p><input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13</p> <p><input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> § 304-Case Ancillary to Foreign Proceeding</p> <p>FILING FEE (Check one box)</p> <p><input type="checkbox"/> Filing fee attached.</p> <p><input type="checkbox"/> Filing fee to be paid in installments. (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1005(b). see Official Form No. 3</p> <p>NAME AND ADDRESS OF LAW FIRM OR ATTORNEY</p> <p>Tunney and Little L.L.C. 300 Kimball Street ste 106 Woodbridge, NJ 07095</p> <p>Telephone No. 732-636-4901</p> <p>NAME(S) OF ATTORNEY(S) DESIGNATED TO REPRESENT THE DEBTOR</p> <p>Anna C. Little, Esq.</p> <p><input type="checkbox"/> Debtor is not represented by an attorney. Telephone no. of debtor not represented by an attorney: ()</p>
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STATISTICAL ADMINISTRATIVE INFORMATION (28 U.S.C. § 604)
(Estimates only) (Check applicable boxes)

☐ Debtor estimates that funds will be available for distribution

☒ Debtor estimates that after any exempt property is excluded expenses paid, there will be no funds available for distribution

ESTIMATED NUMBER OF CREDITORS

☒ 1-15 ☐ 16-49 ☐ 50-99 ☐ 100-199

ESTIMATED ASSETS (in thousands of dollars)

☐ Under 50 ☐ 50-99 ☐ 100-499 ☐ 500-999 ☐ 1000-999

ESTIMATED LIABILITIES (in thousands of dollars)

☐ Under 50 ☐ 50-99 ☐ 100-499 ☐ 500-999 ☐ 1000-999

ESTIMATED NUMBER OF EMPLOYEES - CH 11 & 12 ONL

☐ 0 ☐ 1-19 ☐ 20-99

ESTIMATED NO. OF EQUITY SECURITY HOLDERS - CH

☐ 0 ☐ 1-19 ☐ 20-99

UNITED STATES BANKRUPTCY COURT

District of New Jersey

RECEIPT

Case # 02-37695 NNLW

Chapter 7

000256283 - CD

Filed: 8:30 AM, 07/12/02

Newark

10:02 AM, July 15, 2002

Judge: Novalyn L. Winfield

Trustee: Eric Perkins

Debtor(s):

Pedro Perez

Code	Qty	Amount
NF	1	\$30.00
07	1	\$170.00

First Meeting of Creditors

11:00 AM, August 09, 2002

One Newark Center

One Newark Center

Suite 1401, Office of the US Trustee

Newark, NJ 07102-5504

TOTAL PAID: \$200.00

From: Anna C Little

300 Kimball Street

Suite 106

Woodbridge, NJ 07095

2

No matrix

Name of Debtor Pedro PEREZ

Case No. _____

(Court use only)

FILING OF PLAN

For Chapter 9, 11, 12 and 13 cases only. Check appropriate box.

☐ A copy of debtor's proposed plan dated _____ is attached. ☐ Debtor intends to file a plan within the time allowed by statute, rule, or order of the court.

PRIOR BANKRUPTCY CASE FILED WITHIN LAST 6 YEARS (If more than one, attach additional sheet)

Location Where Filed	Case Number	Date Filed

PENDING BANKRUPTCY CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THIS DEBTOR (If more than one, attach additional sheet)

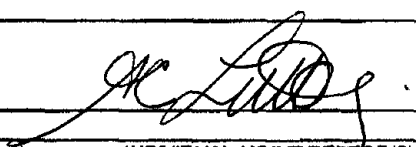
Name of Debtor	Case Number	Date
Relationship	District	Judge

REQUEST FOR RELIEF

Debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

SIGNATURES

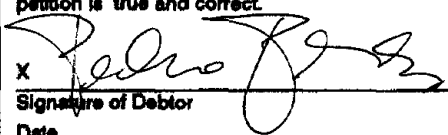
ATTORNEY

X  Date _____

Signature

INDIVIDUAL / JOINT DEBTOR(S)

I declare under penalty of perjury that the information provided in this petition is true and correct.

X 
Signature of Debtor
Date _____

X _____
Signature of Joint Debtor
Date _____

CORPORATE OR PARTNERSHIP DEBTOR

I declare under penalty of perjury that the information provided in this petition is true and correct, and that the filing of this petition on behalf of the debtor has been authorized.

X _____
Signature of Authorized Individual

Print or Type Name of Authorized Individual

Title of Individual Authorized by Debtor to File this Petition
Date _____

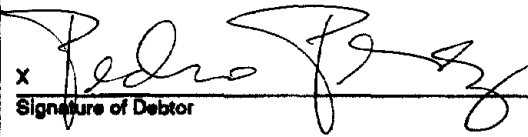
EXHIBIT "A" (To be completed if debtor is a corporation requesting relief under chapter 11.)

☐ Exhibit "A" is attached and made a part of this petition.

TO BE COMPLETED BY INDIVIDUAL CHAPTER 7 DEBTOR WITH PRIMARILY CONSUMER DEBTS (See P.L. 98-353 § 322)

I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7 of such title.

If I am represented by an attorney, exhibit "B" has been completed.

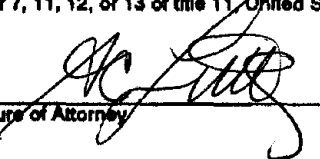
X  Date _____

Signature of Debtor

X _____ Date _____
Signature of Joint Debtor

EXHIBIT "B" (To be completed by attorney for individual chapter 7 debtor(s) with primarily consumer debts.)

I, the attorney for the debtor(s) named in the foregoing petition, declare that I have informed the debtor(s) that (he, she, or they) may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X  Date _____

Signature of Attorney

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re: Pedro PEREZ

Debtor(s)

Case No.

(if Known)

See summary below for the list of schedules. Include Unsworn Declaration under Penalty of Perjury at the end.

GENERAL INSTRUCTIONS: Schedules D, E and F have been designed for the listing of each claim only once. Even when a claim is secured only in part, or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed in Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

Name of Schedule	Attached (Yes No)	Number of sheets	Amounts Scheduled		
			Assets	Liabilities	Other
A - Real Property	N	1	00.00		
B - Personal Property	Y	2	4683.00		
C - Property Claimed as Exempt	Y	1			
D - Creditors Holding Secured Claims	N	1		00.00	
E - Creditors Holding Unsecured Priority Claims	N	1		00.00	
F - Creditors Holding Unsecured Nonpriority Claims	Y	1		22894.89	
G - Executory Contracts and Unexpired Leases	N	1			
H - Codebtors	N	1			
I - Current Income of Individual Debtor(s)	Y	11			2100.24 net
J - Current Expenditures of Individual Debtor(s)	Y	1			1704.00
Total Number of Sheets of All Schedules		21			
Total Assets			4683.00		
Total Liabilities				22894.89	



In re: Pedro PEREZ

Debtor(s)

Case No.

(If known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
none				

SCHEDULE B - PERSONAL PROPERTY

Total ->

\$

(Report also on Summary of Schedules.)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand	X	Independance Bank Acnt # 560-256-230		700.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.				
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings including audio, video and computer equipment.		Living room set, children's bed room dining room set		2500.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		assorted casual and business clothes		800.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			

Case No.

continuation sheets attached



In re: Pedro PEREZ

Debtor(s)

Case No.

(if known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under (Check one box)

- ☐ 11 U.S.C. § 522(b)(1): Exemptions provided in 11 U.S.C. § 522(d). Note: These exemptions are available only in certain states.
- ☐ 11 U.S.C. § 522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Independance Bank Acnt # 560-256-230	11 U.S.C. §522(b)(1)		700.00
Living room set, children's bed room dining room set	11 U.S.C. §522(b)(1)		2500.00
assorted casual and business clothes	11 U.S.C. §522(b)(1)		800.00
2001 tax refund	11 U.S.C. §522(b)(1)		\$683.00



In re: Pedro PEREZ

Debtor(s)

Case No.

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO D E B T	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	C U D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			

continuation sheets attached

Subtotal ->
(Total of this page)

\$

Total ->
(use only on last page)

\$

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

(Report total also on Summary of Schedules)

In re: **Pedero PEREZ**

Debtor(s)

Case No.

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E

TYPE OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507 (a) (2).

☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees, up to a maximum of \$2000 per employee, earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (3).

☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (4).

☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to a maximum of \$2000 per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507 (a) (5).

☐ Deposits by individuals

Claims of individuals up to a maximum of \$900 for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507 (a) (6)

☐ Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507 (a) (7).

☐ Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a) (8).

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO D E B T	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C U D •	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
A/C#						
A/C#						
A/C#						
A/C#						
A/C#						

Continuation sheets attached.

Subtotal ->
(Total of this page)

\$

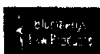
Total ->

\$

(use only on last page of the completed Schedule E)

* If contingent, enter C; if unliquidated, enter U; if disputer, enter D.

(Report total also on Summary of Schedules)



In re: Pedro PEREZ

Debtor(s)

Case No.

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO D E B T	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
A/C# 5031124836 Bayshore Community Hospital c/o Schachter Portnoy, L.L.C. 3490 route 1 suite 6 Prinston, NJ 08540					1237.00
A/C# 5329 0234 3300 3204 MBNA America P.O.Box 15137 Wilmington, DE 19886-5137					4568.20
A/C# 3737 071359 73005 The American Express Centurion Bank, Suite 0002 Chicago, IL 60679-0002					7421.74
A/C# 5491 1300 2605 3025 AT&T P.O.Box 8217 S. Hackensack, NJ 07606-8217					4238.95
A/C# 22-3461962 Nasser Ani, MD One Bethany Road suite 21 Hazlet, NJ 07730					625.00
A/C# BSH 221831 University Radiology c/o Michel Harrison 3155 Route 10 East- suite 112 Denville, NJ 07834					449.00
A/C# 00622 Richard L. Scotti, D.D.S. 2305 Wood Ave. Roselle, NJ 07203					454.00
A/C# 221831 University radiology Group P.O.Box 1075 East Brunswick, NJ 08816-1075					351.00
A/C# 170411-1 Orthofix Inc. 250 East Arapaho Road Richardson, Texas 75081					3550.00

Sheet no. 1 of 1 sheets attached to Schedule of Creditors Holding Nonpriority Claims.

Subtotal ->
(Total of this page)

\$ 22894.89

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

Total ->
(use only on last page of completed Schedule F.)

(Report total also on Summary of Schedules)

\$ 22894.89

In re: Pedro PEREZ

Debtor(s)

Case No.

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.



In re: Pedro PEREZ

Debtor(s)

Case No.

(if known)

SCHEDULE H - CODEBTORS☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR



In re: Pedro PEREZ

Debtor(s)

Case No.

(if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE		
	NAMES	AGE	RELATIONSHIP
married	Eliana PEREZ	43	wife
	Julianna PEREZ	10	daughter

Employment:	DEBTOR	SPOUSE
Occupation	assistant supervisor	
Name of Employer	Walden Lang Inpac Services	
How long employed	3 years 5 months	
Address of Employer	468 Totowa Ave. Paterson, NJ 07522	

Income: (Estimate of average monthly income)

DEBTOR

SPOUSE

Current monthly gross wages, salary, and commissions (pro rate if not paid monthly.)	\$ 2732.28	\$
Estimate monthly overtime	00.00	
SUBTOTAL	\$	\$

LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security	462.04	
b. Insurance	170.00	
c. Union dues		
d. Other (Specify)		

SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 632.04

TOTAL NET MONTHLY TAKE HOME PAY

\$ 2100.24

Regular income from operation of business or profession or farm

(attach detailed statement)

Income from real property

Interest and dividends

Alimony, maintenance or support payments payable to the debtor for the debtor's

use or that of dependents listed above.

Social security or other government assistance (Specify)

Pension or retirement income

Other monthly income (Specify)

TOTAL MONTHLY INCOME

\$ 2100.24

TOTAL COMBINED MONTHLY INCOME

\$

(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

In re: Pedro PEREZ

Debtor(s)

Case No.

(if known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

Rent or home mortgage payment (include lot rented for mobile home) \$
 Are real estate taxes included? ☐ Yes ☐ No Is property insurance included? ☐ Yes ☐ No
 Utilities Electricity and heating fuel
 Water and sewer
 Telephone 130.00
 Other
 Home maintenance (repairs and upkeep)
 Food 400.00
 Clothing 200.00
 Laundry and dry cleaning 100.00
 Medical and dental expenses 200.00
 Transportation (not including car payments) 100.00
 Recreation, clubs and entertainment, newspapers, magazines, etc. 100.00
 Charitable contributions 00.00
 Insurance (not deducted from wages or included in home mortgage payments)
 Homeowner's or renter's 00.00
 Life 00.00
 Health 170.00
 Auto 166.00
 Other storage 138.00

Taxes (not deducted from wages or included in home mortgage payments)
 (Specify)

Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)

Auto
 Other

Alimony, maintenance, and support paid to others

Payments for support of additional dependents not living at your home

Regular expenses from operation of business, profession, or farm (attach detailed statement)

Other

TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ 1704.00

(FOR CHAPTER 12 AND 13 DEBTORS ONLY)

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income \$ 2100.24
 B. Total projected monthly expenses 1704.00
 C. Excess income (A minus B) \$ 396.24
 D. Total amount to be paid into plan each (interval) \$

Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2001, or other tax year beginning 2001, ending 20 OMB No. 1545-0074

Your first name and initial PEDRO **Last name** PEREZ **Your social security number** 146 46 3176

If a joint return, spouse's first name and initial HELIANA C **Last name** PEREZ **Spouse's social security number** 147 84 3586

Home address (number and street). If you have a P.O. box, see page 19. 35 LEXINGTON STREET **Apt. no.** **▲ Important! ▲**

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19. NEWARK, NJ 07105 **You must enter your SSN(s) above.**

Presidential Election Campaign Note. Checking "Yes" will not change your tax or reduce your refund. **You** ☐ Yes ☐ No **Spouse** ☐ Yes ☐ No

e if filing a joint return, want \$3 to go to this fund? ☐ Yes ☐ No

Wages, tips, other comp. 36534.26	2 Federal income tax withheld 3120.31
Social security wages 36534.26	4 Social security tax withheld 2265.12
Medicare wages and tips 36534.26	6 Medicare tax withheld 529.75
Control Number 0182 Dept. G6M	Corp. Employer use only 84

Employer's name, address, and ZIP code

ALDEN LANG INC
3 DEY STREET
ERSEY CITY, NJ 07306

Employer's FED ID number 13-1945370	d Employee's SSA number 146-46-3176
Social security type	8 Allocated tips
Advance EIC payment	10 Dependent care benefits
Nonqualified plans	12a
Other	12b
93.83 UI/HC/WF 110.50 DI	12c
	12d
	13 Stat emp./Ret. plan/3rd party sick pay

Employee's name, address and ZIP code

PEDRO PEREZ
3 MOTT STREET
ND FLOOR
EWARK, NJ 07105

State Employer's state ID no. NJ 131-945-370/000	16 State wages, tips, etc. 36534.26
State income tax 564.30	18 Local wages, tips, etc.
Local income tax	20 Locality name

City or Local Filing Copy
N-2 Wage and Tax Statement
OMB No. 1545-0008

(even if only one had income) turn. Enter spouse's social security no. above and full name here. (See page 19.) If the qualifying person is a child but not your dependent, enter this child's

1 dependent child (year spouse died) (See page 19.)
r someone else can claim you as a dependent on his or her tax return, do not check box 6a

Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 20)	No. of boxes checked on 6a and 6b
PEREZ	138 92 0777	CHILD	X	2
				No. of your children on 6c who: ● lived with you 1 ● did not live with you due to divorce or separation (see page 20)

claimed **36,534.**

Attach Form(s) W-2	7
chedule B if required	8a
include on line 8a	8b
chedule B if required	9
offsets of state and local income taxes	10
	11
Attach Schedule C or C-EZ	12
chedule D if required. If not required, check here	13
ch Form 4797	14
15a	15b
16a	16b
partnerships, S corporations, trusts, etc. Attach Schedule E	17
ch Schedule F	18
ion	19
20a	20b

21 Other income. List type and amount (see page 27)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **36,534.**

23 IRA deduction (see page 27)	23
24 Student loan interest deduction (see page 28)	24
25 Archer MSA deduction. Attach Form 8853	25
26 Moving expenses. Attach Form 3903	26
27 One-half of self-employment tax. Attach Schedule SE	27
28 Self-employed health insurance deduction (see page 30)	28
29 Self-employed SEP, SIMPLE, and qualified plans	29
30 Penalty on early withdrawal of savings	30
31a Alimony paid b Recipient's SSN	31a
32 Add lines 23 through 31a	32
33 Subtract line 32 from line 22. This is your adjusted gross income	33

Adjusted Gross Income

110001
11-27-01

Form

1040

U.S. Individual Income Tax Return

2001

(99)

IRS Use Only - Do not write or staple in this space.

COPY

Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type.	For the year Jan. 1-Dec. 31, 2001, or other tax year beginning		2001, ending		20		OMB No. 1545-0074																															
	Your first name and initial PEDRO		Last name PEREZ		Your social security number 146 46 3176																																	
	If a joint return, spouse's first name and initial HELIANA C		Last name PEREZ		Spouse's social security number 147 84 3586																																	
	Home address (number and street). If you have a P.O. box, see page 19. 35 LEXINGTON STREET					Apt. no.																																
City, town or post office, state, and ZIP code. If you have a foreign address, see page 19. NEWARK, NJ 07105								▲ Important! ▲ You must enter your SSN(s) above.																														
Presidential Election Campaign (See page 19.)		Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? <table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>							<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No																										
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																			
Filing Status		1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing joint return (even if only one had income) 3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security no. above and full name here. 4 <input type="checkbox"/> Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died <input type="checkbox"/>). (See page 19.)																																				
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. b <input checked="" type="checkbox"/> Spouse c Dependents: <table border="1"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) If qualifying child for child tax credit (see page 20)</th> </tr> </thead> <tbody> <tr> <td>JULIANNA C</td> <td>PEREZ</td> <td>138 92 0777</td> <td>CHILD</td> <td>X</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> No. of boxes checked on 6a and 6b: 2 No. of your children on 6c who: 1 • lived with you • did not live with you due to divorce or separation (see page 20) Dependents on 6c not entered above Add numbers entered on lines above: 3							(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If qualifying child for child tax credit (see page 20)	JULIANNA C	PEREZ	138 92 0777	CHILD	X																				
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If qualifying child for child tax credit (see page 20)																																		
JULIANNA C	PEREZ	138 92 0777	CHILD	X																																		
Income		d Total number of exemptions claimed: 3 7 Wages, salaries, tips, etc. Attach Form(s) W-2 36,534. 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 9 Ordinary dividends. Attach Schedule B if required 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a Total IRA distributions 15a b Taxable amount (see page 23) 16a Total pensions and annuities 16a b Taxable amount (see page 23) 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social Security benefits 20a b Taxable amount (see page 25) 21 Other income. List type and amount (see page 27) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 36,534.																																				
Adjusted Gross Income		23 IRA deduction (see page 27) 23 24 Student loan interest deduction (see page 28) 24 25 Archer MSA deduction. Attach Form 8853 25 26 Moving expenses. Attach Form 3903 26 27 One-half of self-employment tax. Attach Schedule SE 27 28 Self-employed health insurance deduction (see page 30) 28 29 Self-employed SEP, SIMPLE, and qualified plans 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 Add lines 23 through 31a 32 33 Subtract line 32 from line 22. This is your adjusted gross income 33 36,534.																																				

110001
11-27-01

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 72.

Form 1040 (2001)

03010330 804685 00 02235

2001.05000 PEREZ, PEDRO

00022351

Tax and Credits		34	Amount from line 33 (adjusted gross income)	34	36,534.
35a Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind.		35a	Add the number of boxes checked above and enter the total here	35a	
b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien		35b		35b	
36 Itemized deductions (from Schedule A) or your standard deduction (see left margin)		36		36	7,600.
37 Subtract line 36 from line 34		37		37	28,934.
38 If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet on page 32		38		38	8,700.
39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-		39		39	20,234.
40 Tax. Check if tax from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972		40		40	3,034.
41 Alternative minimum tax. Attach Form 6251		41		41	
42 Add lines 40 and 41		42		42	3,034.
43 Foreign tax credit. Attach Form 1116 if required		43		43	
44 Credit for child and dependent care expenses. Attach Form 2441		44		44	
45 Credit for the elderly or the disabled. Attach Schedule R		45		45	
46 Education credits. Attach Form 8863		46		46	
47 Rate reduction credit. See the worksheet on page 36		47		47	
48 Child tax credit (see page 37)		48	600.	48	
49 Adoption credit. Attach Form 8839		49		49	
50 Other credits from: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396		50		50	
c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)					
51 Add lines 43 through 50. These are your total credits		51		51	600.
52 Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-		52		52	2,434.
Other Taxes					
53 Self-employment tax. Attach Schedule SE		53		53	
54 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		54		54	
55 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach 5329 if required		55		55	
56 Advance earned income credit payments from Form(s) W-2		56		56	
57 Household employment taxes. Attach Schedule H		57		57	
58 Add lines 52 through 57. This is your total tax		58		58	2,434.
Payments					
59 Federal income tax withheld from Forms W-2 and 1099		59	3,120.	59	
60 2001 estimated tax payments and amount applied from 2000 return		60		60	
61a Earned income credit (EIC)		61a		61a	
b Nontaxable earned income		61b		61b	
62 Excess social security and RRTA tax withheld (see page 51)		62		62	
63 Additional child tax credit. Attach Form 8812		63		63	
64 Amount paid with request for extension to file (see page 51)		64		64	
65 Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136		65		65	
66 Add lines 59, 60, 61a, and 62 through 65. These are your total payments		66		66	3,120.
67 If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid		67		67	686.
68a Amount of line 67 you want refunded to you		68a		68a	686.
b Routing number <input type="checkbox"/> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Account number					
69 Amount of line 67 you want applied to your 2002 estimated tax		69		69	
Amount You Owe					
70 Amount you owe. Subtract line 66 from line 58. For details on how to pay, see page 52		70		70	
71 Estimated tax penalty. Also include on line 70		71		71	
Third Party Designee					
Do you want to allow another person to discuss this return with the IRS (see page 53)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No					
Designee's name		Phone no.		Personal identification number (PIN)	
Sign Here					
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Your signature		Date	Your occupation	Daytime phone number	
X			SAMPLE MAKER		
Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation		
X			H/W		
Paid Preparer's Use Only					
Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN	
Firm's name (or yours if self-employed), address, and ZIP code		2001.05000 PEREZ, PEDRO		P00123709	
		EIN		22 2185327	
		Phone no.			

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
WALDEN LANG INC	36,534.	3,120.	564.	204.	2,265.	530.
TOTALS	36,534.	3,120.	564.	204.	2,265.	530.

TEAR HERE ▶

ZKK

ZKK

40 0002
IN-PAK SERVICES, INC.
468 TOTOWA AVE.
PATERSON, NJ 07522

Earnings Statement

**ADP
EASYPAY**

Pay Period: 5/25/2002 to 5/31/2002
Pay Date: 5/31/2002
Check #: 20319548

**PEDRO PEREZ
35 LEXINGTON STREET
NEWARK, NJ 07105**

Employee Number: 0002
Department Number: 40
Social Security Number: 146-46-3176
Marital Status: MARRIED
Number Of Allowances: 03
Rate:

Hours and Earnings			Taxes and Deductions		
Description	Hours	This Period	Description	This Period	Year-To-Date
SALARY		683.07	FICA	52.25	459.84
			FED WT	46.35	396.66
			NJ ST	10.58	92.49
			NJ UC	6.32	55.61
			HOSP	42.50	382.50

Gross Pay Year To Date	Gross Pay This Period	Total Deductions This Period	Net Pay This Period
\$6,011.02	\$683.07	\$158.00	\$525.07

File
Here

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YEAR HERE

ZKK

0002 ZKK
IN-PAK SERVICES, INC.
468 TOTOWA AVE.
PATERSON, NJ 07522

Earnings Statement



Pay Period: 4/27/2002 to 5/03/2002
Pay Date: 5/03/2002
Check #: 20302491

Employee Number: 0002
Department Number: PEDRO PEREZ
Social Security Number: 35 LEXINGTON STREET
Marital Status: MARRIED NEWARK, NJ 07105
Number Of Allowances: 03
Rate:

Hours and Earnings			Taxes and Deductions		
Description	Hours	This Period	Description	This Period	Year-To-Date
SALARY		683.07	FICA	52.26	907.93
BAL FW			FED WT	46.35	770.28
			NJ ST	10.58	181.92
			NJ UC	6.32	109.80
			HOSP	42.50	512.14

Gross Pay Year To Date	Gross Pay This Period	Total Deductions This Period	Net Pay This Period
\$11,868.33	\$683.07	\$158.01	\$525.06

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In re: PEDRO PEREZ

Debtor(s)

Case No.

(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 21 sheets, and that they are true and correct to the best of my knowledge, information, and belief.
(Total shown on summary page plus 1.)

Date

Signature: Pedro Perez

Debtor

Date

Signature: _____

(Joint Debtor, if any)

(If joint case, both spouses must sign.)

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief.
(Total shown on summary page plus 1.)

Date

Signature: _____

(Print or type name of individual signing on behalf of debtor.)

(An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.)

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re: Pedro Perez

Debtor(s)

Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-15 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 16-21. If the answer to any question is "None," or the question is not applicable, mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the two years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or person in control of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any person in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101(30).

☐ None **1. Income from Employment or Operation of Business**

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal year rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

2100.24 monthly net

Give AMOUNT and SOURCE (if more than one).

☒ None **2. Income Other than from Employment or Operation of Business**

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) Give AMOUNT and SOURCE.

3. Payments to Creditors

☒ None a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within 90 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR, DATES OF PAYMENTS, AMOUNT PAID and AMOUNT STILL OWING.

☒ None b. List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR, DATE OF PAYMENT, AMOUNT PAID and AMOUNT STILL OWING.

4. Suits and Administrative Proceedings, Executions, Garnishments and Attachments

☒ None a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give CAPTION OF SUIT AND CASE NUMBER, NATURE OF PROCEEDING, COURT OR AGENCY AND LOCATION and STATUS OR DISPOSITION.

☒ None b. Describe all property that has been attached, garnished, or seized under any legal or equitable process within one year

immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED, DATE OF SEIZURE and DESCRIPTION AND VALUE OF PROPERTY.

☒ None 5. Repossessions, Foreclosures, and Returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR OR SELLER, DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN and DESCRIPTION AND VALUE OF PROPERTY.

6. Assignments and Receiverships

☒ None a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF ASSIGNEE, DATE OF ASSIGNMENT and TERMS OF ASSIGNMENT OR SETTLEMENT.

☒ None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CUSTODIAN, NAME AND LOCATION OF COURT, CASE TITLE & NUMBER, DATE OF ORDER and DESCRIPTION AND VALUE OF PROPERTY.

☒ None 7. Gifts

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF PERSON OR ORGANIZATION, RELATIONSHIP TO DEBTOR, IF ANY, DATE OF GIFT, and DESCRIPTION AND VALUE OF GIFT.

☒ None 8. Losses

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give DESCRIPTION AND VALUE OF PROPERTY, DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS and DATE OF LOSS.

☐ None 9. Payments Related to Debt Counseling or Bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

Give NAME AND ADDRESS OF PAYEE, DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR and AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY.

☒ None 10. Other Transfers

List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR, DATE, and DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED.

\$750.00 to Anna C. Little, Esq.

☒ None 11. Closed Financial Accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF INSTITUTION, TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE and AMOUNT AND DATE OF SALE OR CLOSING.

☒ None 12. Safe Deposit Boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY, NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY, DESCRIPTION OF CONTENTS and DATE OF TRANSFER OR SURRENDER, IF ANY.

☒ None 13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR, DATE OF SETOFF and AMOUNT OF SETOFF.

☒ None 14. Property Held for Another Person

List all property owned by another person that the debtor holds or controls.

Give NAME AND ADDRESS OF OWNER, DESCRIPTION AND VALUE OF PROPERTY and LOCATION OF PROPERTY.

☒ None 15. Prior Address of Debtor

If the debtor has moved within the two years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

Give ADDRESS, NAME USED and DATES OF OCCUPANCY.

Unsworn Declaration under Penalty of Perjury.

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date _____ Signature of Debtor Pedro J. S.

Date _____ Signature of Joint Debtor (if any) _____

_____ continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

3076 3A ©1991 Julius Blumberg, Inc.

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re Pedro PEREZ

Debtor(s)

Case No.

(If Known)

CHAPTER 13 PLAN

(If this form is used by joint debtors wherever the word "debtor" or words referring to debtor are used they shall be read as if in the plural.)

1. The future earnings of the debtor are submitted to the supervision and control of the trustee and the debtor — debtor's employer shall pay to the trustee the sum of \$ _____ weekly — bi-weekly — semi-monthly — monthly for a period of _____

2. From the payments so received, the trustee shall make disbursements as follows:

(a) Full payment in deferred cash payments of all claims entitled to priority under 11 U.S.C. §507.

(b) Holders of allowed secured claims shall retain the liens securing such claims and shall be paid as follows:

(c) Subsequent to — pro rata with dividends to secured creditors, dividends to unsecured creditors whose claims are duly allowed as follows:

3. The following executory contracts of the debtor are rejected:

Title to the debtor's property shall revert in the debtor on confirmation of a plan — upon dismissal of the case after confirmation pursuant to 11 U.S.C. §350.

Dated: _____ Debtor _____ Debtor _____

Acceptances may be mailed to _____ Post Office Address _____

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re: Pedro PEREZ Debtor(s) Case No. Chapter

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- 1. I, the debtor, have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
- 2. My intention with respect to the property of the estate which secures those consumer debts is as follows:
 - a. Property to Be Surrendered.

Description of property	Creditor's name	H, W or J
-------------------------	-----------------	-----------

- b. Property to Be Retained (Specify Reaff'd, Red'd or Exempt to state debtor's intention concerning reaffirmation, redemption, or lien avoidance*.)

Description of property	Creditor's name	Reaff'd Red'd Exempt
Independance Bank Acnt# 560-256-230		Exempt
Living room set, children's bed room set dining room set		Exempt
assorted casual and business clothes		exempt
2001 tax refund		Exempt

3. I understand that § 521(2)(B) of the Bankruptcy Code requires that I perform the above stated intention within 45 days of the filing of this statement with the court, or within such additional time as the court, for cause, within such 45-day period fixes.

Date:

- * Reaff'd - Debt will be reaffirmed pursuant to § 524(c)
- Red'd - Property is claimed as exempt and will be redeemed pursuant to § 722
- Exempt - Lien will be avoided pursuant to § 522(f) and property will be claimed as exempt

Signature of Debtor
Signature of Debtor

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re Pedro PEREZ

Debtor(s)

Case No.

(If Known)

STATEMENT
Pursuant to Rule 2016(b)

The undersigned, pursuant to Rule 2016(b) Bankruptcy Rules, states that:

- (1) The undersigned is the attorney for the debtor(s) in this case.
- (2) The compensation paid or agreed to be paid by the debtor(s) to the undersigned is:
 - (a) for legal services rendered or to be rendered in contemplation of and in connection with this case \$ 750.00
 - (b) prior to filing this statement, debtor(s) have paid \$ 500.00
 - (c) the unpaid balance due and payable is \$ 250.00
- (3) \$ 200.00 of the filing fee in this case has been paid.
- (4) The services rendered or to be rendered include the following:
 - (a) analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - (b) preparation and filing of the petition, schedules, statement of affairs and other documents required by the court.
 - (c) representation of the debtor(s) at the meeting of creditors.

non other

- (5) The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and

non other

- (6) The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and

non other

- (7) The undersigned has received no transfer, assignment or pledge of property except the following for the value stated:

nothing

- (8) The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:

n/a

Dated:

Respectfully submitted,


Attorney for Petitioner

Attorney's name and address:

BK 122
(8/84)

United States Bankruptcy Court

NOTICE TO INDIVIDUAL CONSUMER DEBTOR(S)

If you intend to file a petition for relief under the bankruptcy laws of the United States, and your debts are primarily consumer debts, the Clerk of Court is required to notify you of each chapter of the Bankruptcy Code under which you may seek relief. You may proceed under:

Chapter 7—Liquidation, or
Chapter 11—Reorganization, or
Chapter 13—Adjustment of Debts of an Individual
with Regular Income

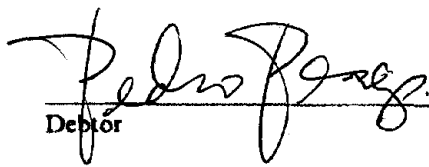
If you have any questions regarding the information contained in this notice, you should consult with your attorney.

Clerk of Court

ACKNOWLEDGMENT

I hereby certify that I have read this notice.

DATED: _____



Debtor

Joint Debtor, if any

INSTRUCTIONS: If the debtor is an individual, a copy of this notice personally signed by the debtor must accompany any bankruptcy petition filed with the Clerk. If filed by joint debtors, the notice must be personally signed by each. Failure to comply may result in the petition not being accepted for filing.